

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 03/02/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/02/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8326	8903	ATTENDING PROVIDER NUMBER IS R				
	H/DD/SAS			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER, ADD ATTENDING NUMBER A				
		143	103	CLIENT ID NUMBER NOT ON STATE	0	9111	9111	0
				ELIGIBILITY FILE				
		191	53	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404902	BLUE RIDGE COMM	11	63	CLIENT NOT ELIGIBLE ON SERVICE				
	UNITY			DATE				
		0	0		0	63	66	3
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	0	0
3404905	TREND COMM MENT	21	1004	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		8599	142	DETAIL NOT COVERED BY COMBINAT	0	1326	3284	1958
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	90	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404907	RUTHERFORD-POLK	11	1	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		0	0		0	1	4	3
3404910	PATHWAYS	8505	1949	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		24	834	PROCEDURE CODE, PROCEDURE/MODI	98	3639	5681	2042
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		537	274	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404912	CATAWBA COUNTYM	8505	2445	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	98	DETAIL NOT COVERED BY COMBINAT	47	2627	3918	1291
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	44	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	120	605	CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		23	284	SERVICE REQUIRES PRIOR APPROVA	105	1459	2585	1126
				L				
		8599	224	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404916	CROSSROADS BEHA VIOAL HEAL	21	532	DUPLICATE OF CLAIM-SYSTEM				
		8599	220	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	170	1385	13629	12244
		8000	137	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM AN SERVICES	8505	3146	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	406	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	329	4934	7826	2892
		21	365	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	11	80	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	80	118	38
3404919	GUILFORD CO MEN TAL HEALTHC	21	4090	DUPLICATE OF CLAIM-SYSTEM				
		8505	1857	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	306	7693	10649	2955
		8599	512	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	500	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	132	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	279	1225	6634	5409
		8933	127	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404921	ORANGE PERSON C HATHAM AREA	5312	1298	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	744	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	176	4270	7754	3484
		21	490	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	4280	DUPLICATE OF CLAIM-SYSTEM				
		8599	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6197	9810	3613
		143	460	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	VOFW AREA AUTHO RITY	8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	143	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	14	634	1706	1072
		11	73	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404924	FIEDMONT AREA M H/DD/SAS	8525	14	CLAIM DENIED, REFERRING PROVIDER MUST BE AN LMA.				
		0	0		0	14	14	0
3404925	SANDHILLS CENTE R FOR MH/DD	8599	386	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	143	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPFS.	301	791	7005	6214
		8931	134	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPFS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	1836	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	726	CLIENT NOT ELIGIBLE ON SERVICE DATE	199	3430	7447	4017
		8599	211	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1588	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	128	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	1977	4199	2222
		8599	106	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	11	136	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	49	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	283	935	652
		21	43	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	355	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	10	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	367	407	40
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	8505	4810	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	528	CLIENT NOT ELIGIBLE ON SERVICE DATE	254	6218	12661	6443
		8502	242	CLAIM DENIED DUE TO INSUFFICIENT ALLOTMENT				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	2193	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	183	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	2608	2662	54
		8502	113	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2195	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	228	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	113	3148	6399	3251
		8000	181	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONslow COUNTY B EHAVIORAL H	11	140	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	132	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	16	710	2068	1358
		8599	117	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	44	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8932	15	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	60	75	3614	3539
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	2840	DUPLICATE OF CLAIM-SYSTEM				
		8599	184	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	126	3414	4153	739
		8505	161	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404938	RIVERSTONE MENT AL HEALTH C	8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	30	87	57
		120	6	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	616	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	393	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	86	1654	5042	3388
		191	267	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	FITT CO MH/DD/S AS CENTER	120	651	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		143	149	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	70	1238	4836	3598
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAM SERVIC	24	192	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	37	692	2579	1887
		11	128	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	21	1298	DUPLICATE OF CLAIM-SYSTEM				
		11	316	CLIENT NOT ELIGIBLE ON SERVICE DATE	161	2166	4723	2557
		8599	145	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8599	190	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	111	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	229	681	6969	6288
		8935	87	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8326	13751	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		143	329	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	14337	14341	4
		11	137	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404957	TIDELAND MENTAL HEALTH CTR	8505	817	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	79	1050	1546	496
		8931	35	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	728	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	289	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	288	1780	12991	11211
		8599	268	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				